FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53680** **(2)**

1. Corporation Name

UNIVERSAL LOGISTICS, INC.

400001492834
-05/18/95--01004--023
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2730 WEST 1ST STREET SANFORD FL 32771	P.O. BOX 4179 SANFORD FL 32772-4179

3. Date Incorporated or Qualified: **05/20/1991**

3a. Date of Last Report: **09/22/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: **59-3082484** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	P/S/D	☒ Change ☐ Addition
NAME	ROOT, RANDALL L	12 NAME	ROOT, RANDALL L.	
STREET ADDRESS	1810 MARKHAM WOODS ROAD	13 STREET ADDRESS	1810 MARKHAM WOODS RD	
CITY-ST-ZIP	LONGWOOD FL 32779	14 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	V	21 TITLE	V/T/D	☒ Change ☐ Addition
NAME	ROOT, JANET M	22 NAME	ROOT, DEBORAH K.	
STREET ADDRESS	1810 MARKHAM WOODS ROAD	23 STREET ADDRESS	1215 HAWTHORNE LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP	HINSDALE, IL 60521	
TITLE		31 TITLE	C/D	☐ Change ☒ Addition
NAME		32 NAME	ROOT, LYNAL A.	
STREET ADDRESS		33 STREET ADDRESS	1215 HAWTHORNE LANE	
CITY-ST-ZIP		34 CITY-ST-ZIP	HINSDALE, IL 60521	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

TW 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Randall L Root 4/24/95 407 322 0310
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

RANDALL L ROOT PRESIDENT

0419720 FP